

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2015



Page 1 of 17

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## COVER PAGE

WINDY HILL AND CITY CLERK  
BRISTOL, CT

### 1. NAME OF COMMITTEE

Carlson for Council

### 2. TREASURER NAME

First	MI	Last	Suffix
Tracy	A	Carlson	

### 3. TREASURER ADDRESS

Street Address	City	State	Zip Code
187 Morningside Drive East	Bristol	CT	06010

### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)  
11/07/2017

### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

City Councilor

### 6. DISTRICT NUMBER

(if applicable)  
1

### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Eric	L	Carlson	

### 8. TYPE OF REPORT (Check One Box)

- |  |   |  |  |
|--|---|--|--|
| <input type="radio"/> January 10 filing                      | <input type="radio"/> 7th day preceding primary                                   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing                        | <input type="radio"/> 30 days following primary                                   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to                                     |
| <input type="radio"/> July 10 filing                         | <input type="radio"/> 7th day preceding election                                  | <input type="radio"/> Deficit                      | Type of Report:  |
| <input checked="" type="radio"/> October 10 filing           | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  | _____  |
| <input type="radio"/> 24 Hour Independent Expenditure        | <input type="radio"/> 45 days following election not held in November             |  |  |
| <input type="radio"/> Primary <input type="radio"/> Election |   |  |  |

### 9. PERIOD COVERED

Beginning Date	Ending Date
7-1-2017	thru 9-30-2017

### 10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

Tracy A Carlson  
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Tracy A Carlson  
PRINT NAME OF SIGNER

10/31/2017  
DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Carlson for Council	Oct. 10th Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$663.45	
13. Contributions Received from Individuals (Sections A and B)	\$1105.00	\$2220.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$00.00	\$0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$1105	\$2220
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$1768.45	\$2220
19. Expenses Paid by Committee (Section P)	\$118.50	\$570.05
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$1649.95	\$1649.95
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carlson for Council				Oct 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ 1105.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Alford		Mary			
Residential Street Address		City		State	Zip Code
15 Elm St. Apt 2		Bristol		CT	06010
Principal Occupation		Name of Employer			
Book Keeper		ELCCT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		\$ 50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/7/17		50.00	
Last Name		First		MI	
Caggiano		Jeffrey			
Residential Street Address		City		State	Zip Code
27 Cricket Hill Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Sales		Adaptive Biotechnologies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		\$ 50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/2/17		\$ 50.00	
Last Name		First		MI	
Carrier		Francine		H	
Residential Street Address		City		State	Zip Code
19 Winston Court		Bristol		CT	06010
Principal Occupation		Name of Employer			
Assistant Manager		Carrier Group, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
062517A		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17		\$ 100.00	
<b>SUBTOTAL Section B — This Page</b>				\$ 200.00	
<b>TOTAL of additional Section B Pages</b>				905.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 1105.00	

## I. MONETARY RECEIPTS (Sections A—K)

<small>Revised January 2015</small>		<b>I. MONETARY RECEIPTS (Sections A—K)</b>		<small>Page 3 of 17</small>	
<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> Carlson for Council				<b>TYPE OF REPORT</b> Oct 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b> \$	
<b>B. Itemized Contributions from Individuals</b>					
<b>Last Name</b> Carrier		<b>First</b> Jake		<b>MI</b> MI	
<b>Residential Street Address</b> 19 Winston Court		<b>City</b> Bristol		<b>State</b> CT	<b>Zip Code</b> 06070
<b>Principal Occupation</b> Developer - Builder		<b>Name of Employer</b> Carrier Group, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
<b>Method of Contribution:</b> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		<b>Date Received</b> 6-25-17			
<b>Last Name</b> Cockayne		<b>First</b> Kenneth		<b>MI</b> MI	
<b>Residential Street Address</b> 36 Allen St		<b>City</b> Bristol		<b>State</b> CT	<b>Zip Code</b> 06010
<b>Principal Occupation</b> Mayor		<b>Name of Employer</b> City of Bristol (CT)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$30.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
<b>Method of Contribution:</b> <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		<b>Date Received</b> 6/25/17			
<b>Last Name</b> Conlin		<b>First</b> Evelyn		<b>MI</b> J	
<b>Residential Street Address</b> 23 Cold Spring Rd		<b>City</b> Bristol		<b>State</b> CT	<b>Zip Code</b> 06010
<b>Principal Occupation</b> 		<b>Name of Employer</b> 			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$25.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
<b>Method of Contribution:</b> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		<b>Date Received</b> 7/8/17			
<b>SUBTOTAL Section B — This Page</b>				\$155.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carlson Soc Council		Oct 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
D'Amato		Lori	A
Residential Street Address		City	State Zip Code
29 Patricia Dr.		Bristol	CT 06010
Principal Occupation		Name of Employer	
N/A		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$100.00
Last Name		First	MI
DeNote		Ruth	
Residential Street Address		City	State Zip Code
145 Morninggide Dr West		Bristol	CT 06010
Principal Occupation		Name of Employer	
Baker		Shop + Shop	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$50.00
Last Name		First	MI
Del Mastro		Peter	J.
Residential Street Address		City	State Zip Code
9 Chimney Crest Lane		Bristol	CT 06010
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$50.00
SUBTOTAL Section B — This Page		\$200.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(Enter total on Line 13, Column A of Summary Page Totals)			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carlson for Council		Oct 10 Filing	
A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor)		\$	
SUBTOTAL SECTION A			
B. Itemized Contributions from Individuals			
Last Name		First	MI
Forsberg		Grace	C.
Residential Street Address		City	State Zip Code
421 Milford St		Burlington	CT 06013
Principal Occupation		Name of Employer	
N/A		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/9/17	\$25.00
Last Name		First	MI
France		Daniel	T
Residential Street Address		City	State Zip Code
43 Kenney St		Bristol	CT 06010
Principal Occupation		Name of Employer	
Carpenter		DTF Remodeling, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
062517A		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$150.00
Last Name		First	MI
France		Laura	D.
Residential Street Address		City	State Zip Code
119 Carol Drive		Bristol	CT 06010
Principal Occupation		Name of Employer	
School Bus Driver		First Student, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:	
062517A		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$25.00
SUBTOTAL Section B — This Page			\$200.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(Enter total on Line 13, Column A of Summary Page Totals)			

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carlson for Council		Oct 10 Filing	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)		\$	
B. Itemized Contributions from Individuals			
Last Name Friedman		First Lorraine	
Residential Street Address 19 Chimney Crest Lane		City Bristol	
Principal Occupation Retired Teacher		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input checked="" type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/4/17	
		Aggregate Contributions \$25.00	
Last Name Gawin		First Marsha	
Residential Street Address 47 Vincent Rd		City Bristol	
Principal Occupation Barista		Name of Employer Dunkin Donuts / Stop & Shop	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/25/17	
		Aggregate Contributions \$50.00	
Last Name Gurgigno		First Cynthia	
Residential Street Address 15 Lawson St		City Bristol	
Principal Occupation Health Concierge		Name of Employer Aetna	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 6/25/17	
		Aggregate Contributions \$25	
SUBTOTAL Section B — This Page			\$100.00
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			



# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carlson for Council		Oct 10 Filing	
A. Total Contributions from Small Contributors—Received this Period ONLY (See instructions for definition of Small Contributor)		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Kapchensky		Andrea	
Residential Street Address		City	
23 Caswell Ave		Bristol	
Principal Occupation		State	
		CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		MI	
<input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code	
		06010	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event # 062517A		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/16/17	
		Aggregate Contributions	
		\$25.00	
Last Name		First	
Lindquist		Mary Jane	
Residential Street Address		City	
81 Spark Ave		Bristol	
Principal Occupation		State	
Retired		CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		MI	
<input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code	
		06010	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/27/17	
		Aggregate Contributions	
		\$50.00	
Last Name		First	
Parker		Terry	
Residential Street Address		City	
424 Lake Ave Unit 6		Bristol	
Principal Occupation		State	
		CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		MI	
<input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code	
		06010	
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event # 062517A		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	
		Aggregate Contributions	
		\$50.00	
SUBTOTAL Section B— This Page		\$125.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			



# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carlson for Council		Oct 10 Filing	
<b>A. Total Contributions from Small Contributors—Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$	
SUBTOTAL SECTION A			
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Selnau		William	
Residential Street Address		City	State Zip Code
34 Princeton Dr.		Bristol	CT 06010
Principal Occupation		Name of Employer	
Vice President		Arrow Manufacturing	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$50.00
Last Name		First	MI
Street		April	L.
Residential Street Address		City	State Zip Code
69 Williams St		Bristol	CT 06010
Principal Occupation		Name of Employer	
Office Administrator		Connecticut Solid Surfaces	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$50.00
Last Name		First	MI
Thibeault		Cheryl	L.
Residential Street Address		City	State Zip Code
73 Yarde Dr.		Bristol	CT 06010
Principal Occupation		Name of Employer	
Controller		Community Solutions, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # 062517A		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/25/17	\$25.00
SUBTOTAL Section B — This Page		\$125.00	
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)			
(Enter total on Line 13, Column A of Summary Page Totals)			

# IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Carlson for Council						Oct 10 Filing	
P. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Eric Carlson				7/11/17		<input checked="" type="radio"/> Check # 90 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address			City		State		Zip Code
187 Morningside Drive East			Bristol		CT		06010
Purpose of Expenditure (by code)		Description		Event #		Amount	
FNDR		Fundraiser expenses + stamps		062517A		\$68.50	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
		<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Name of Payee				Date of Payment		Method of Payment:	
D'Amato for Council				9/26/17		<input checked="" type="radio"/> Check # 91 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address			City		State		Zip Code
22 Rossi Drive			Bristol		CT		06010
Purpose of Expenditure (by code)		Description		Event #		Amount	
A-OTH		French Businessmen's Ad				\$50.00	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
		<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Name of Payee				Date of Payment		Method of Payment:	
						<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address			City		State		Zip Code
Purpose of Expenditure (by code)		Description		Event #		Amount	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
Name of Payee				Date of Payment		Method of Payment:	
						<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address			City		State		Zip Code
Purpose of Expenditure (by code)		Description		Event #		Amount	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
		<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)					
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					
SUBTOTAL Section P — This Page						\$118.50	
TOTAL of additional Section P Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE						\$118.50	
(Enter total on Line 19, Column A of Summary Page Totals)							